Agenda Item 10.c.
12/18/13 Meeting

Healthy Families Program

2012 Dental Quality Report

California Managed Risk Medical Insurance Board

Benefits and Quality Monitoring Division

December 2013

Managed Risk Medical Insurance Board

Healthy Families Program

MRMIB provides and promotes access to affordable coverage for
comprehensive, high quality, cost-effective health care services to improve the health of Californians.

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Healthy Families Program Dental Services and Reporting

The 2012 Dental Quality Report for the Healthy Families Program (HFP) provides information on the oral health services provided during 2012 to children by seven participating dental plans. DeltaCare was added as a new dental plan option in the 2011/12 benefit year and this is the first report that includes their performance measures.

The Managed Risk Medical Insurance Board (MRMIB) monitors the quality of dental services provided to HFP children using measures related to utilization, preventive services and treatment. MRMIB also sponsors the Dental Consumer Assessment of Healthcare Providers and Systems (D-CAHPS) survey to measure satisfaction of HFP families with dental plans and their dentists. To our knowledge, the HFP is the only program in the country using this survey.

The performance measures by category are as follows:

Utilization of Dental Services

- *Annual Dental Visit* (Healthcare Effectiveness Data and Information Set (HEDIS) measure)
- *Overall Utilization of Dental Services*

Examinations

- *Examinations and Oral Health Evaluations*
- *Continuity of Care*

Prevention and Treatment

- *Preventive Dental Services*
- *Treatment and Prevention of Caries*
- *Filling to Preventive Services Ratio*
- *Use of Dental Treatment Services*

Dental care for children in HFP is provided by dental managed care plans. MRMIB contracts with two different types of dental plans, Dental Exclusive Provider Organizations (Open Network plans) and Dental Health Maintenance Organizations (Primary Care plans). In 2012, Primary Care plans served about 61 percent of HFP children, an increase of 11 percent from 2009. In the past several years, budget limitations and program changes have limited the choice of plans in each county. New members are required to enroll in a dental Primary Care plan for the first two years and many members do not have the option of selecting a dental Open Network plan in their county. In addition, Delta Dental, the largest Open Network plan has been closed to new enrollment in a number of counties, including Los Angeles, for the past several years. As a result of these changes, enrollment in dental Open Network Plans has been steadily declining as illustrated in Chart 1 on page 4. This is significant because historically the Primary Care plans have not performed at as high a level as Open Network plans. As a result, despite the fact that most plans actually improved their individual performance, the overall HFP performance rates show relatively modest improvement since 2009, with *Utilization of Dental Services* showing a small decline.

Summary of Overall Results

In 2012, HFP individual plan performance continued to improve in nearly every measure, a testament to efforts made by all our dental plans to improve accessibility and quality of services. Primary care plans improved significantly for utilization and preventive services, and for continuity of care, which measures the percentage of children receiving a preventive care visit two years in a row. In particular, Health Net Dental and Western Dental have shown marked improvement in many of the measures since 2009.

Key Findings:

- Over 90 percent of continuously enrolled children who visited a dentist for any reason also received a preventive dental service such as an examination, a cleaning and/or a fluoride treatment.
- While there are significant differences between Open Network plans and Primary Care plans, the differences are more significant for measures related to preventive care. The differences are not as great for measures related to treatment. Due to the fact that families are unable to enroll in Open Network plans for the first two years, this could indicate that once they establish a dental home and receive treatment, the families are more likely to seek ongoing preventive care.
- MRMIB has focused over the last several years to increase utilization of preventive care services for children under the age of seven. While there has been improvement in the rates of young

children receiving dental services, there continues to be a need for improvement for children ages two to three years old.

- Hispanic/Latino children in all dental plans visited the dentist at higher rates than other ethnic groups.
- American Indian/Alaskan Native children received dental services at the lowest rate.
- The 2012/13 consumer survey revealed that for those that did not visit the dentist, the most common reason cited was the belief that their child did not need dental care in the last 12 months.
- Families gave their child's dentist and dental plan a higher rating in the 2012/13 survey compared to the 2011/12 survey.
- Although Open Network plans generally received higher ratings on the Consumer Satisfaction survey, the Primary Care plans also received high ratings.

Conclusion and Lessons Learned

With the transition of HFP subscribers to the Medi-Cal program in 2013, this is the final report MRMIB will publish on dental quality. However, strategies used by MRMIB to increase access and utilization and to assess the provision of dental services to lower income subscribers may be useful to other state Children's Health Insurance Programs and public purchasers.

MRMIB has placed significant effort and focus on measuring and improving the quality of oral health care provided to HFP children by its contracting plans over the past decade. In 2007, guided by an advisory group of dental quality experts and other stakeholders, MRMIB developed and implemented a set of dental measures for HFP plans, enabling the assessment of strategies to improve the utilization of services. MRMIB found this workgroup essential for the identification of best practices and found the need for health and dental services often go together and early identification and treatment are necessary for a child's overall health. Because MRMIB contracts with both Primary Care and Open Network plans, MRMIB has measured individual plan performance and performance by plan type as well as overall HFP performance.

In order to achieve sustainable improvements in oral health care services for young children enrolled in HFP, MRMIB launched the Healthy Families – Healthy Smiles oral health improvement project. This 18 month rapid learning initiative concluded in December of 2011. A multi-stakeholder advisory group of HFP dental plans, California dental champions, the National Oral Health Policy Center, members of MRMIB's Dental Quality Advisory Committee, the California Dental Association, the Dental Advisory Leadership Group and key stakeholders assisted MRMIB in the development of strategies to increase the utilization of dental services among children under the age of seven. Over the history of HFP, MRMIB found it essential to proactively engage stakeholders in the development of quality improvement strategies. As HFP children are transitioned to Medi-Cal, MRMIB recommends that the Department of Health Care Services carry forward this important work for the benefit of this high-need, vulnerable population. MRMIB further recommends that policymakers and other state programs implement similar advisory groups of subject matter experts and subscriber families to assist in the development of quality improvement initiatives and outreach efforts for dental services.

In addition to measuring plan performance, MRMIB has also measured the satisfaction of HFP families with their dental plans and providers using the D-CAHPS survey instrument. Results of this survey were shared with dental plans to inform their own quality improvement tactics. While, HFP families continue to report a high degree of satisfaction with both their plans and dental providers, utilization data and survey results indicate that additional education is warranted to reinforce the message that children should be seen annually for preventive care, particularly children under the age of four. For that reason, MRMIB recommends that other public programs assess subscriber satisfaction of plans and providers on a regular basis with a particular focus on the experiences of families with young children.

In summary, despite budgetary challenges, MRMIB is pleased to report that all HFP dental plans have continued to show steady improvement in nearly every measure of utilization and preventive care. However, Open Network plans continue to perform at a higher level than Primary Care plans and as a result, overall HFP performance has shown only a modest improvement.

Background

Importance of Oral Health

Dental caries, also known as tooth decay or cavities, and the consequences of caries are among the most prevalent health problems facing infants, children, and adolescents in America today[1]. Untreated tooth decay can lead to pain, trouble sleeping, missed days of school, poor self-esteem and costly dental treatment later on. The Centers for Disease Control and Prevention (CDC) reports that tooth decay affects one-fourth of U.S. children aged 2-5 and half of those aged 12-15. This report also reveals that about two-thirds of children from low-income families have decay.[2]

Monitoring Dental Quality in HFP

HFP has been providing comprehensive dental coverage and evaluating dental plan performance since 1998. MRMIB monitors the quality of services provided to children in the program by annually collecting and reporting data on dental performance measures from the dental plans. Historically, HFP was one of the few public programs measuring dental quality and MRMIB has been at the forefront of developing quality measures. MRMIB revised its HFP dental measures in 2007 and a description of the measures is provided in Appendix A. Throughout this report, data are presented for four calendar years from 2009 through 2012, except for demographic analysis. This report highlights six of the eight measures that are primarily used by HFP for monitoring utilization and quality of dental services. Results for all eight measures by plan over the last four years are provided in Appendix C.

In addition to collecting data on the quality of dental services, MRMIB has also administered the D-CAHPS survey to assess members' satisfaction with the dental care that they received. Families were provided the results in enrollment materials, including the program handbook in order to compare dental plans.

Dental Plan Models

Dental care for children in HFP is provided by dental managed care plans in all 58 counties. The dental plans participating in HFP can be grouped into two service models - Open Network and Primary Care. HFP's Open Network plans, Delta Dental and Premier Access Dental, allow parents to select any dentist from the plan's network, and dental providers are paid on a fee-for-service basis by the dental plan. HFP's Primary Care plans; Access Dental, DeltaCare, Health Net Dental, SafeGuard Dental and Western Dental, require families to select a primary care dentist within their plan who coordinates the child's dental care. Prior authorization is required from a primary care dentist to see a specialist for non-emergency dental services. The majority of primary care dentists receive a monthly payment from the dental plan for each assigned subscriber, regardless of the number of services the child receives.

Similar to dental plan models for public employees of California, MRMIB requires two years of enrollment in an HFP Primary Care dental plan for a child to qualify for enrollment in an Open Network plan. It is important to remember when reading this report that in some counties subscribers have a choice of only one dental plan type. For example, in Los Angeles, Open Network plans have been closed to new enrollment and in some of the Northern region counties; there are no Primary Care plans available. As a result of these program changes, there has been a significant shift of enrollment in the last several years from Open Network plans to Primary Care plans. This is illustrated on the next page in Chart 1 which shows the enrollment trends by plan from 2009 through 2012.

There is a significant difference in utilization between the plan models. Generally speaking, children who are in Open Network plans receive services at a higher rate than children in the Primary Care plans. These differences have been consistent throughout the program's history. This is of significance to HFP's dental performance measures because Delta Dental is HFP's largest plan by enrollment and has also been its highest performer at more than 25 percent above the Primary Care plan average for many measures. Though improvements were observed both in Open Network and Primary Care plans for dental measures in 2012 over 2011, HFP weighted averages improved only slightly for most dental measures in 2012 compared to 2011 due to reduced enrollment in Open Network plans.

[1] Guidelines on Periodicity of Examination, Preventive Dental Services, Anticipatory Guidance/Counseling, and Oral Treatment for Infants, Children, and Adolescents, American Academy of Pediatric Dentistry, revised 2009.

[2] Centers for Disease Control and Prevention (CDC) Oral Health: Preventing Cavities, Gum Disease, Tooth Loss, and Oral Cancers, At a Glance 2010. Available On-line at: http://www.cdc.gov/chronicdisease/resources/publications/AAG/doh.htm

Background

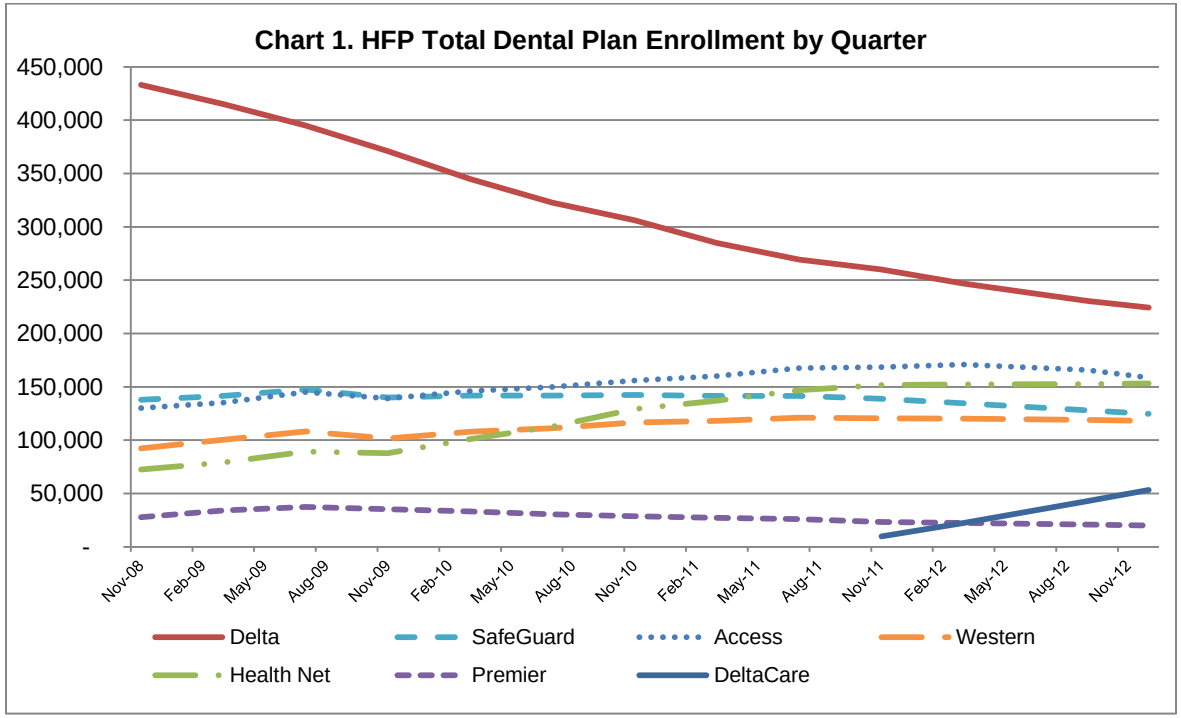


Table 1. HFP Children Continuously Enrolled in a Dental Plan

	2009	2010	2011	2012
All HFP Dental Plans	**599,370**	**578,233**	**587,163**	**573,041**
Primary Care Plans	**301,547** (50%)	**306,780** (53%)	**338,225** (58%)	**352,209** (61%)
Access Dental	88,230	99,722	100,714	81,083
DeltaCare	N/A	N/A	N/A	10,929
Health Net Dental	42,272	65,621	91,115	104,394
SafeGuard Dental	114,066	74,244	81,209	79,577
Western Dental	56,979	67,193	65,187	76,226
Open Network Plans	**297,823** (50%)	**271,453** (47%)	**248,938** (42%)	**220,832** (39%)
Delta Dental	276,782	247,519	230,047	204,755
Premier Access Dental	21,041	23,934	18,891	16,077

MRMIB HFP dental measures only include children who were continuously enrolled in the program. For the one HEDIS measure, *Annual Dental Visit*, this means the child had no more than one gap in enrollment of up to 45 days. For all other measures, the child must be enrolled for at least 11 of the 12 months in the year to be included. The number of children that were continuously enrolled for the last four years is shown in Table 1. In contrast, Chart 1 shows the total plan enrollment trends for each plan over the last four years.

MRMIB discovered that Delta Dental's 2011 continuous enrollment data was reported incorrectly in 2011. This data has been revised and is reflected in Table 1. In addition, the reported rates for some of Delta Dental's 2011 measures have also been corrected; these are noted with an asterisk within each chart.

Compared to 2011, the number of continuously enrolled children in 2012 decreased by about 3 percent. This is likely due to the combined effect of a continued shift of enrollment from Open Network plans to Primary Care plans and reduced overall enrollment in the program.

Annual Dental Visit

Chart 2. Annual Dental Visit by Plan Type

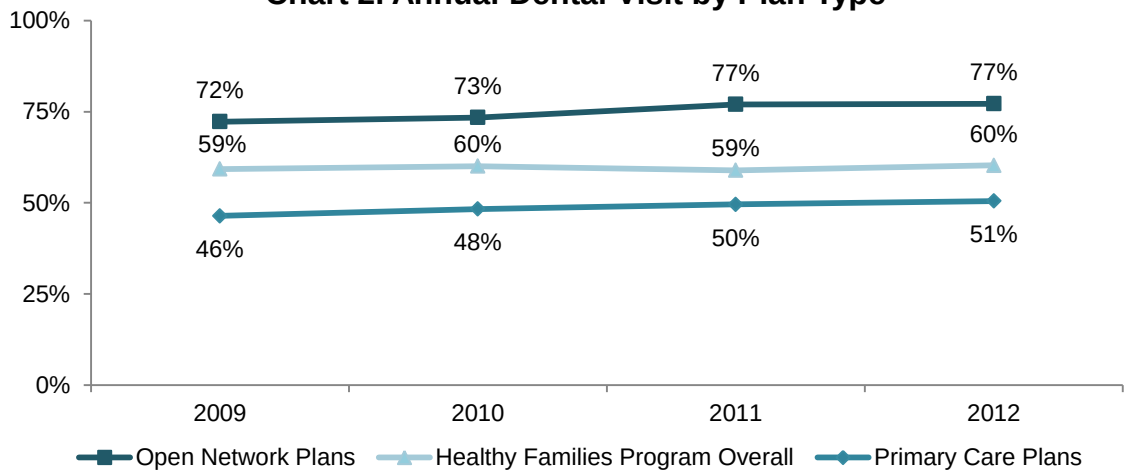
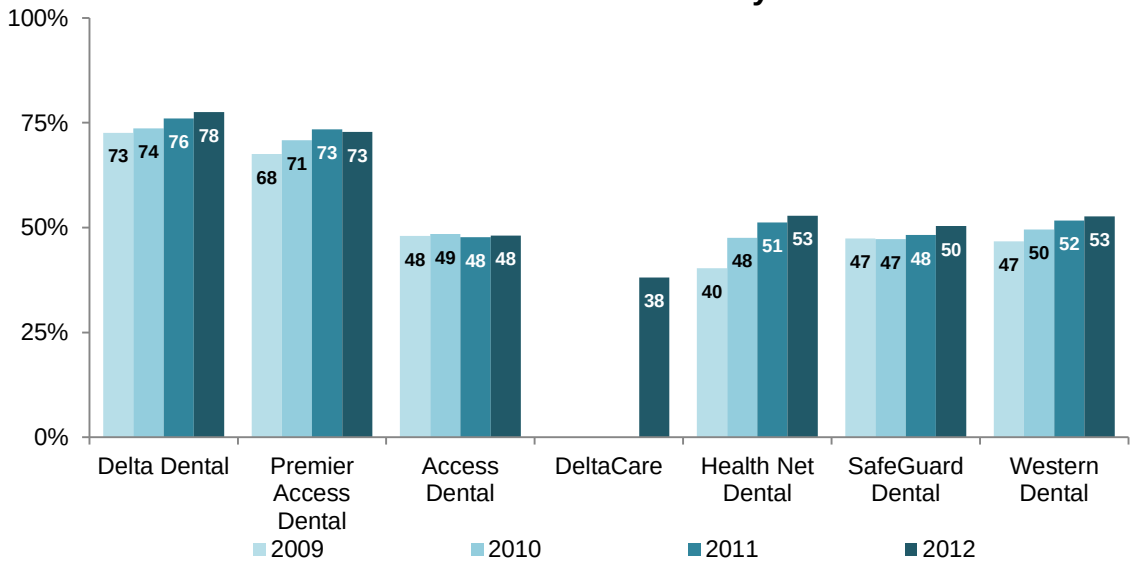


Chart 3. Annual Dental Visit by Plan



* DeltaCare was an added plan in the 2011/12 benefit year.
** Note. The reported rate for Delta Dental has been revised from the 2011 Dental Quality Report.

Measure Definition

Annual Dental Visit measures a visit to the dentist for any reason, for children 2 years of age (by December 31, 2012) and older, who were continuously enrolled with no more than a 45 day break in enrollment and is a measure of utilization of dental care.

Why Is This Important?

The American Academy of Pediatric Dentistry (AAPD) recommends that children receive their first dental examination when their first tooth comes in, usually between 6 and 12 months of age. The AAPD recommends a dental check-up at least twice a year for most children or more often depending on a child's risk status. Ideally, this measure would also capture services rendered to children over the age of one.

The early dental visits are critical to establishing a dental home and providing education and guidance on good oral health. Regular dental visits lead to early detection of dental disease, preventing more extensive care in the future.

Overall Results

- In 2012, 60 percent of continuously enrolled HFP children visited the dentist.
- More than 78 percent of the nearly 205,000 children enrolled in Delta Dental saw their dentist.
- For Primary Care plans, more than 50 percent visited the dentist, an increase of 1 percent over last year.
- Since 2009, Western Dental and Health Net Dental show marked improvement in this performance measure.

Chart 4. Annual Dental Visit by FPL, Primary Care Plans

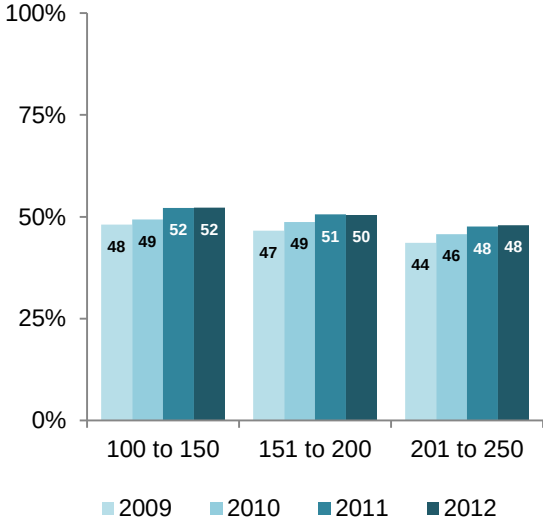


Chart 5. Annual Dental Visit by FPL, Open Network Plans

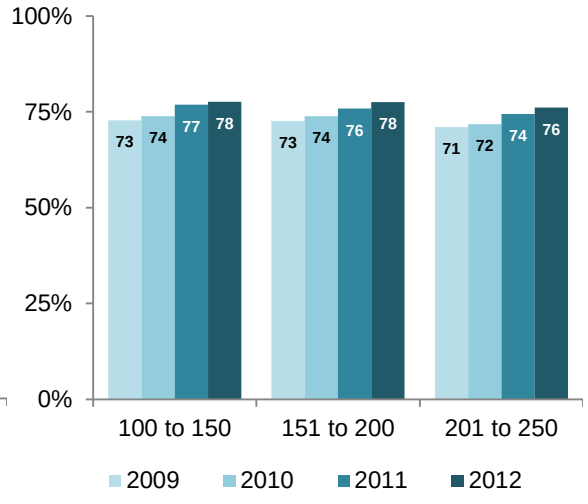
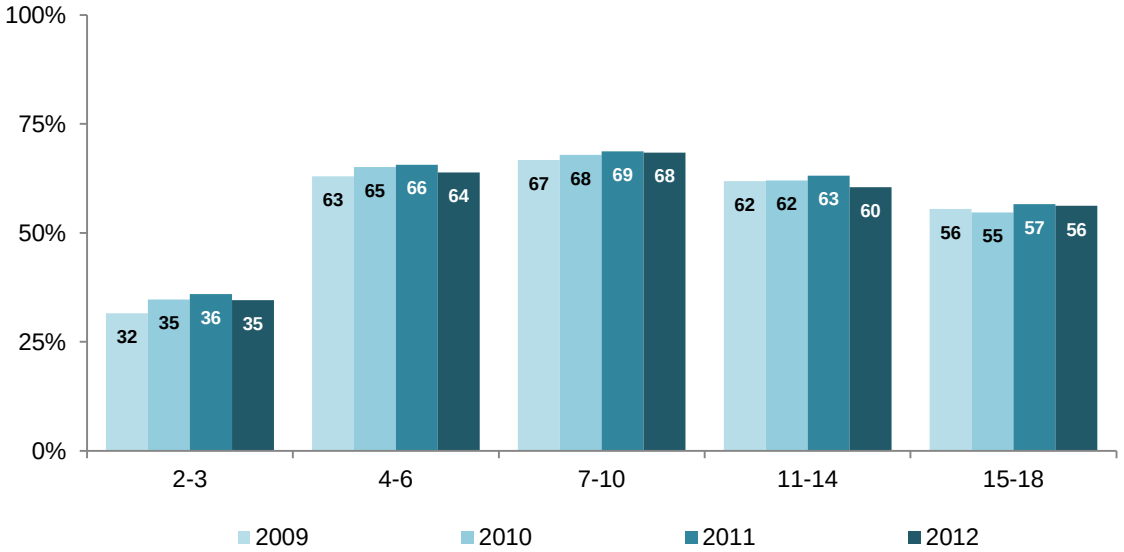


Chart 6. Annual Dental Visit by Age Group



Key Findings on Demographics

Over 90 percent of all children visiting the dentist received preventive care, demographic analysis is presented in this dental report for *Annual Dental Visit* only.

- MRMIB staff uses enrollment data to ensure that income is not a barrier to services. As shown in Charts 4 and 5, income per se does not appear to be a barrier to care. This is not surprising since there are no co-payments for dental exams, cleanings, fluoride, sealants, x-rays, or fillings. Interestingly, visits to the dentist show a slight decrease with increased income.
- The youngest children, ages two to three years old, received a dental visit at almost half the rate of older children as shown in Chart 6.
- Over the last several years, MRMIB has placed significant emphasis on the need for improved access to preventive care for children under age of seven. However, these low utilization rates show that there is still a need for more education on the importance of early dental visits for 2-3 year olds.

Chart 7. Annual Dental Visit by Ethnicity and Plan Type

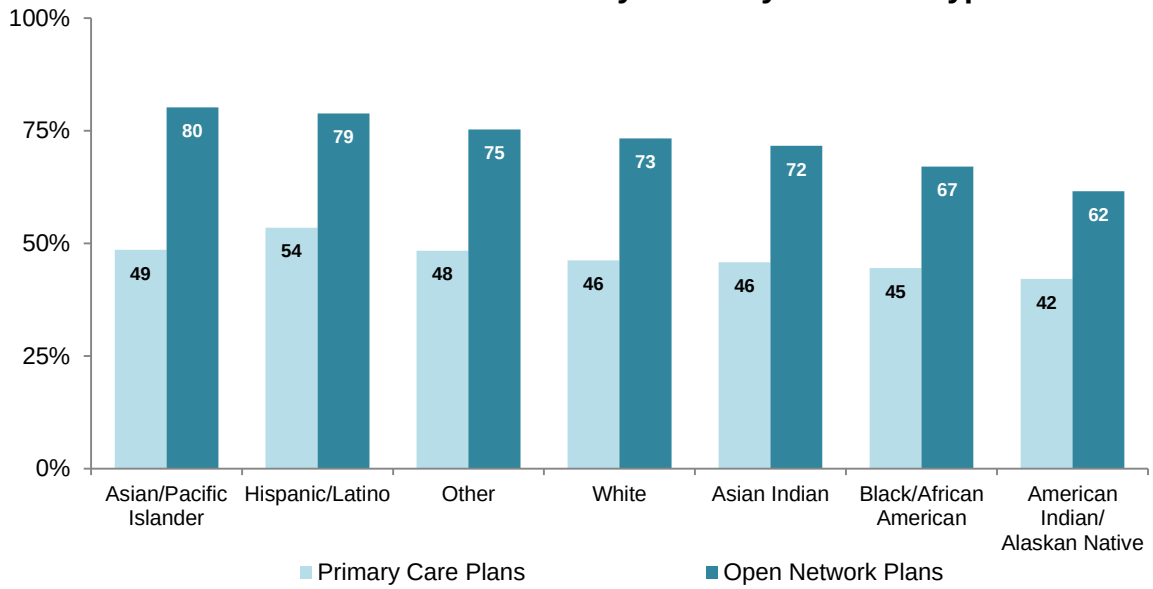
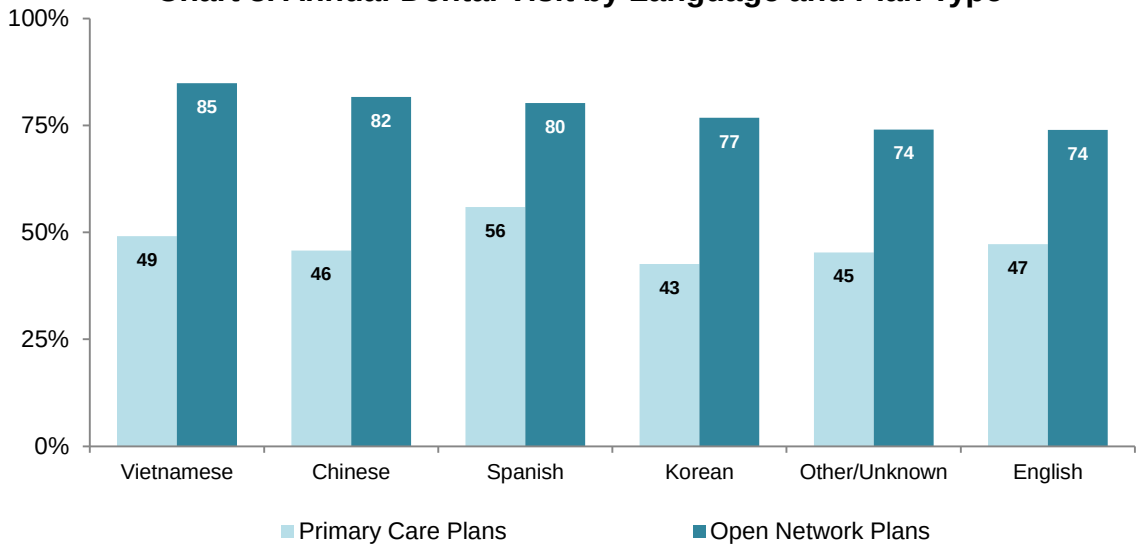


Chart 8. Annual Dental Visit by Language and Plan Type



Key Findings on Demographics (continued)

- Chart 7 shows the *Annual Dental Visit* percentages by dental plans for ethnicity, highlighting differences in the rate of dental visits among different ethnic groups.
- Generally, Hispanic/Latino children in all dental plans visited the dentist at higher rates than other groups. On the other hand, American Indian/Alaskan Native children were seen at the lowest rate by all dental plans.
- The comparison of different linguistic groups in Chart 8 did not show any specific trend between dental plan types.
- Vietnamese and Chinese speaking parents took their children to the dentist at the highest rate in the Open Network plans. However, Chinese and Korean speakers had the lowest rate of *Annual Dental Visits* in the Primary Care plans.
- There is wide variation in how well plans are serving different ethnic groups. This information is important as plans strive to provide culturally competent care and address barriers to care faced by California's diverse population.
- The term "Other" language includes Arabic, Armenian, Cambodian, Farsi, French, Hebrew, Hmong, Ilocano, Italian, Japanese, Lao, Mien, Polish, Portuguese, Russian, Samoan, Tagalog, Thai and Turkish.

Chart 9. Examinations and Oral Health Examinations by Plan Type

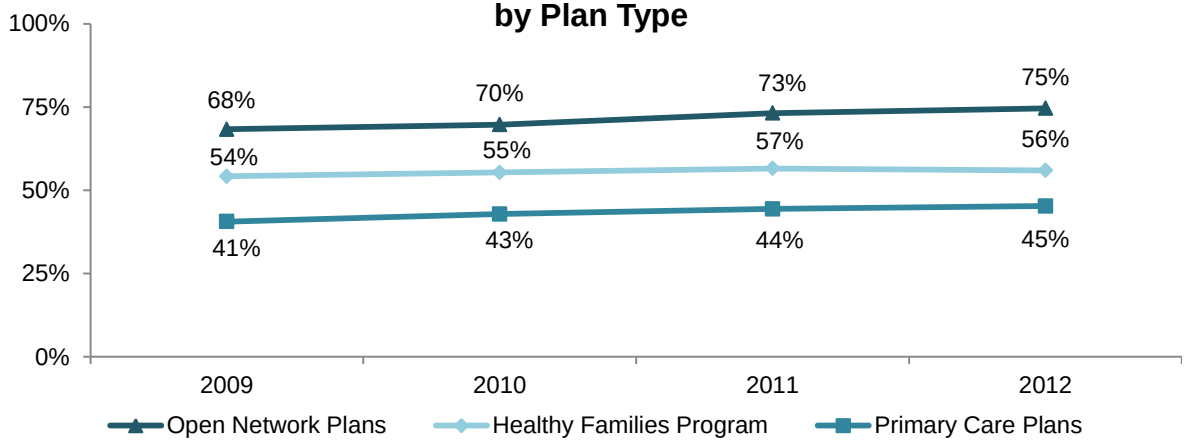
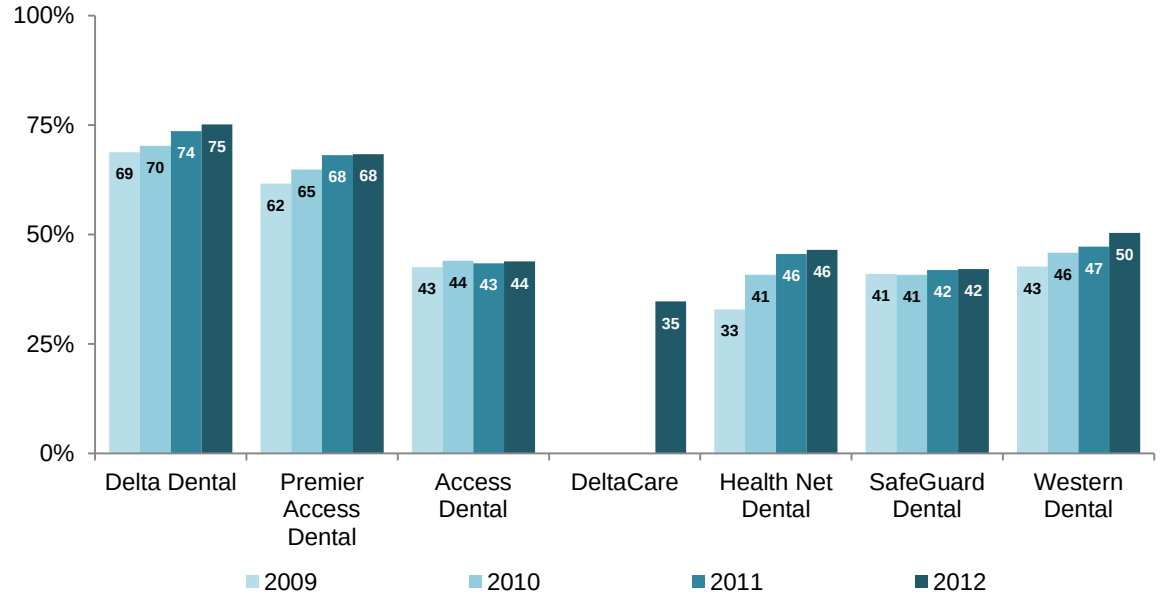


Chart 10. Oral Health Examinations by Plan



* DeltaCare was an added plan in the 2011/12 benefit year.
**Note. The reported rate for Delta Dental has been revised from the 2011 Dental Quality Report.

Measure Definition

The *Examinations and Oral Health Evaluations* measure estimates the percentage of children who:

- received a comprehensive or periodic oral health evaluation or,
- for children under 3 years of age, those who received an oral evaluation and counseling with the primary care giver in the measurement year.

Why Is This Important?

Oral health examinations provide benefits at all ages. In infants and very young children, ongoing establishment of oral flora (germs that cause tooth decay), susceptibility of newly emerging teeth, and the development of good dietary habits mean that this is a critical time to develop good oral hygiene. Parents and children benefit from anticipatory guidance and counseling tailored to their particular needs, delivered from a knowledgeable provider. Oral health exams are also important for older children/adolescents, who are at a heightened risk of caries due to intake of cariogenic foods and waning attention to oral hygiene.

Overall Results

- All plans showed improvement from 2009 to 2012, as shown in Chart 10.
- Health Net Dental and Western Dental continue to show significant improvement since 2009 and are now the top two Primary Care plans.
- As a result of a shift in enrollment, the overall rate declined slightly from 57 percent in 2011 to 56 percent in 2012, as shown in Chart 9.

Preventive Dental Services

Chart 11. Preventive Dental Services by Plan Type

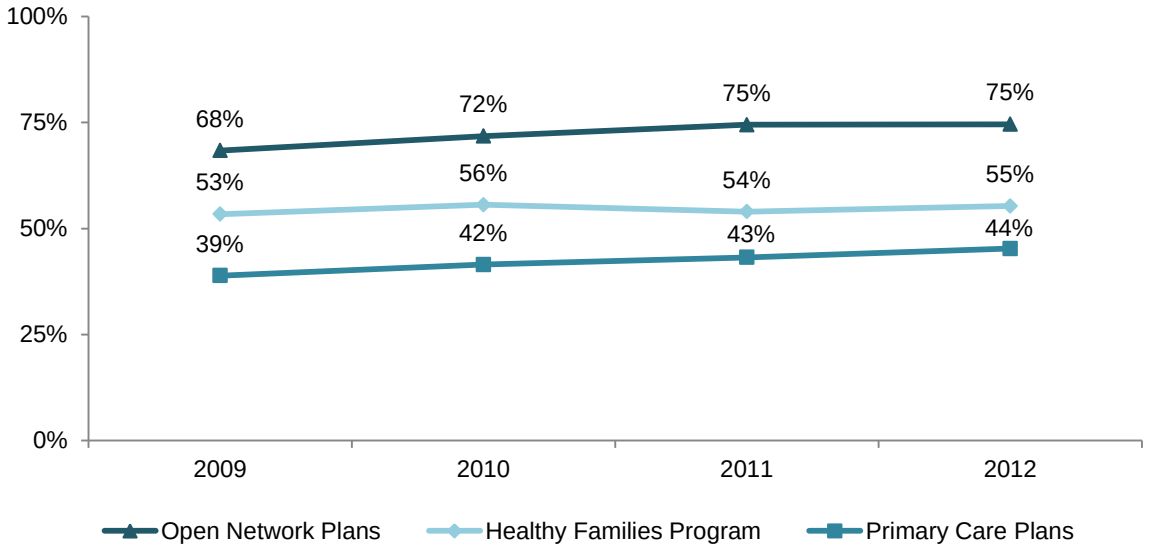
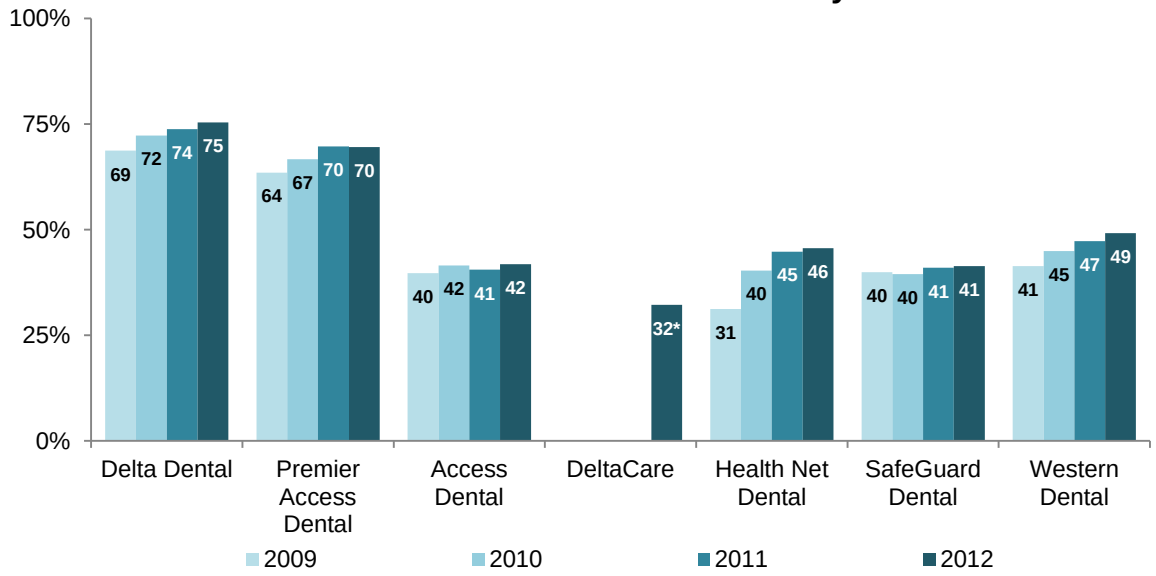


Chart 12. Preventive Dental Services by Plan



* DeltaCare was an added plan in the 2011/12 benefit year.

Measure Definition

The *Preventive Dental Services* measure estimates the percentage of children that received any preventive dental service in the measurement year. These services include teeth cleaning, topical fluoride application, nutritional counseling or oral hygiene instruction.

Why Is This Important?

Early prevention is key to long term oral health and in reducing the need for extensive and costly dental services in the future. While this measure captures the delivery of any preventive service, further documentation would be needed to determine if the preventive services provided meet best practice standards.

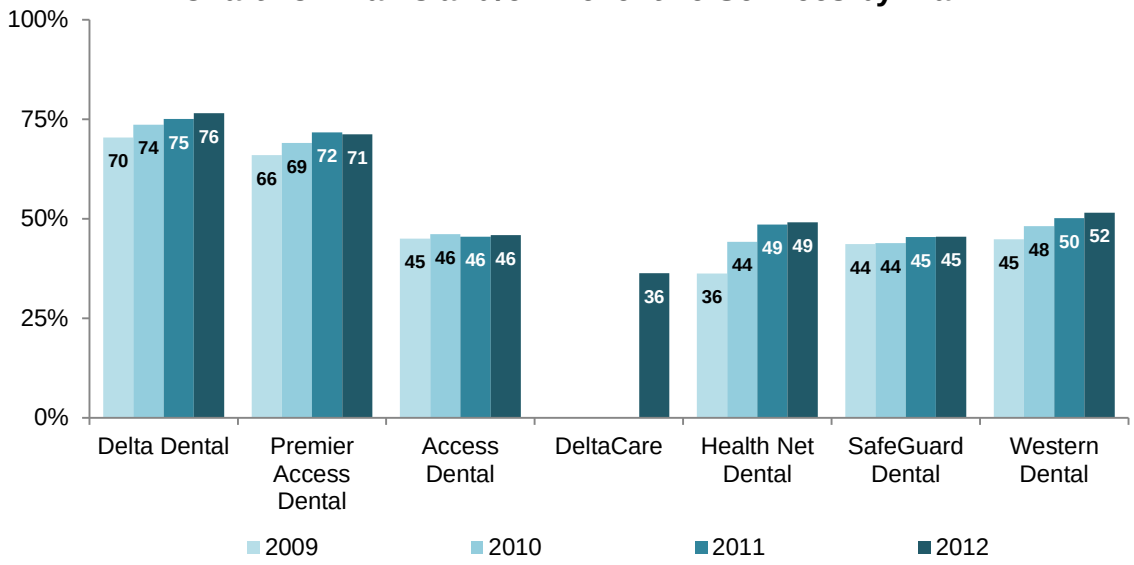
Overall Results

- Every dental plan has shown improvement in this measure since 2009. There is no comparative data for DeltaCare which joined the program in the 2011/12 benefit year.
- Delta Dental leads performance, with over 75 percent of continuously enrolled children receiving preventive dental services in 2012, as shown in Chart 12.
- Among Primary Care plans, Western Dental provided a preventive service at the highest rate followed by Health Net Dental.

Table 2. Exams and Other Preventive Services Provided to Children Visiting the Dentist

	2009	2010	2011	2012
Continuously Enrolled Children	599,370	578,233	580,935	592,722
Children Visiting the Dentist	355,267	347,327	356,406	357,324
Children Receiving Exams and/or Other Preventive Services	335,381	335,710	318,649	323,300
Overall Percentage	94.4%	96.7%	89.4%	90.5%

Chart 13. Exams and/or Preventive Services by Plan



* DeltaCare was an added plan in the 2011/12 benefit year.
** Note. The reported rate for Delta Dental has been revised from the 2011 Dental Quality Report.

The table and chart on this page show the number of unique children who received either or both an Examination and Oral Health Evaluation or a Preventive Dental Service.

Why Is This Important?

HFP's goal is that every child who visits the dentist receives preventive care, regardless of what brought them in for the initial visit.

Overall Results

- In 2012, over 90 percent of children who visited the dentist for any reason also received preventive care such as an exam or prophylaxis, as shown in Table 2.
- Health Net Dental showed the greatest improvement in the number of children receiving an oral health exam or preventive service over the last four years.

Chart 14. Continuity of Care by Plan Type

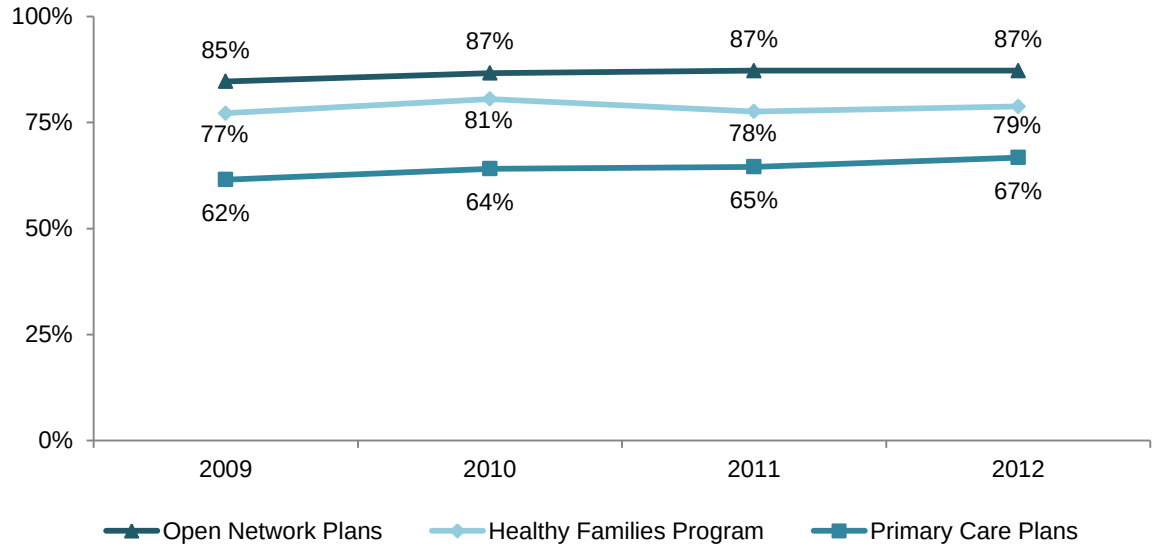
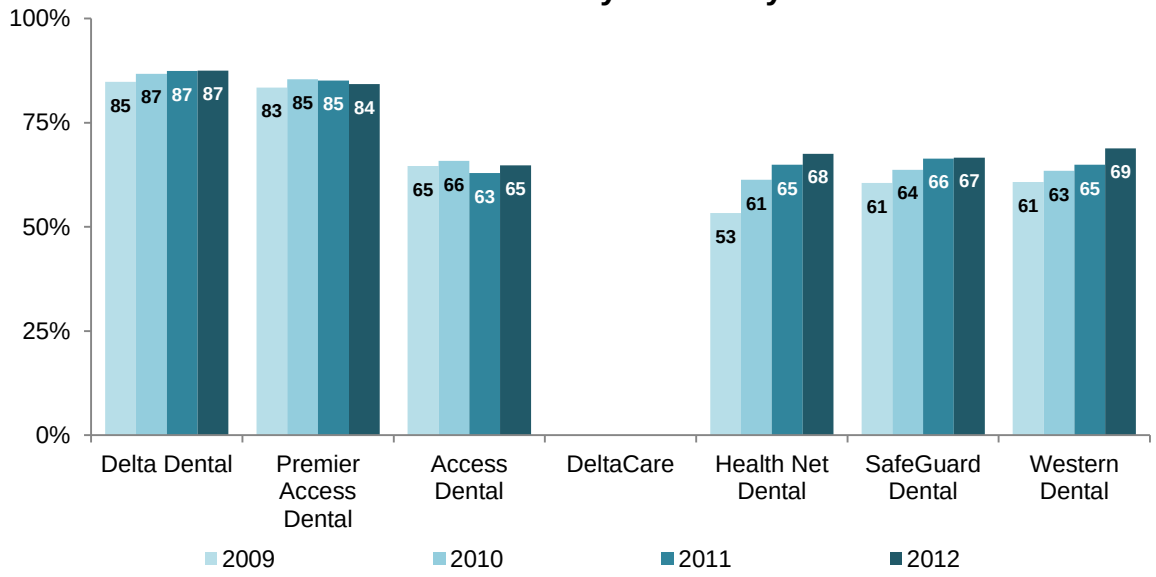


Chart 15. Continuity of Care by Plan



* DeltaCare was an added plan in the 2011/12 benefit year.

Measure Definition

The *Continuity of Care* measure estimates the percentage of children who were enrolled in the same plan for two years with no gap in coverage and received a comprehensive oral evaluation or a prophylaxis in the year prior to the measurement year and in the measurement year.

Why Is This Important?

This measure looks at whether continuous enrollment in a dental plan leads to regular dental visits. It also looks specifically at the children who receive an exam or teeth cleaning to see if they are more likely to go back to the dentist on an annual basis.

Overall Results

- The HFP average fluctuated from 77 to 79 percent over the last four years. The overall improvement for Primary Care plans resulted in an increase to the HFP average of one percent.
- About 79 percent of children enrolled for two years who had an exam and/or cleaning in 2011 also had an exam and/or cleaning in 2012.
- In 2012, among Primary Care plans, Western Dental had a higher rate of children that returned to the dentist for preventive care in consecutive years.
- Because 2011/12 was the first benefit year that DeltaCare was a participating plan, there is no data to report for this measure.

Filling to Preventive Services Ratio

Chart 16. Filling to Preventive Services by Plan Type

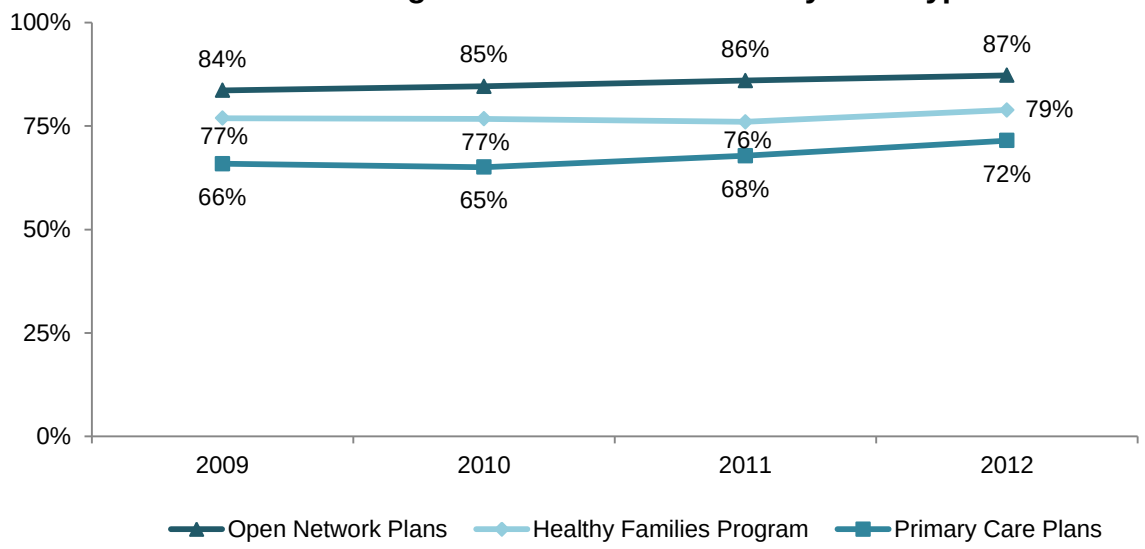
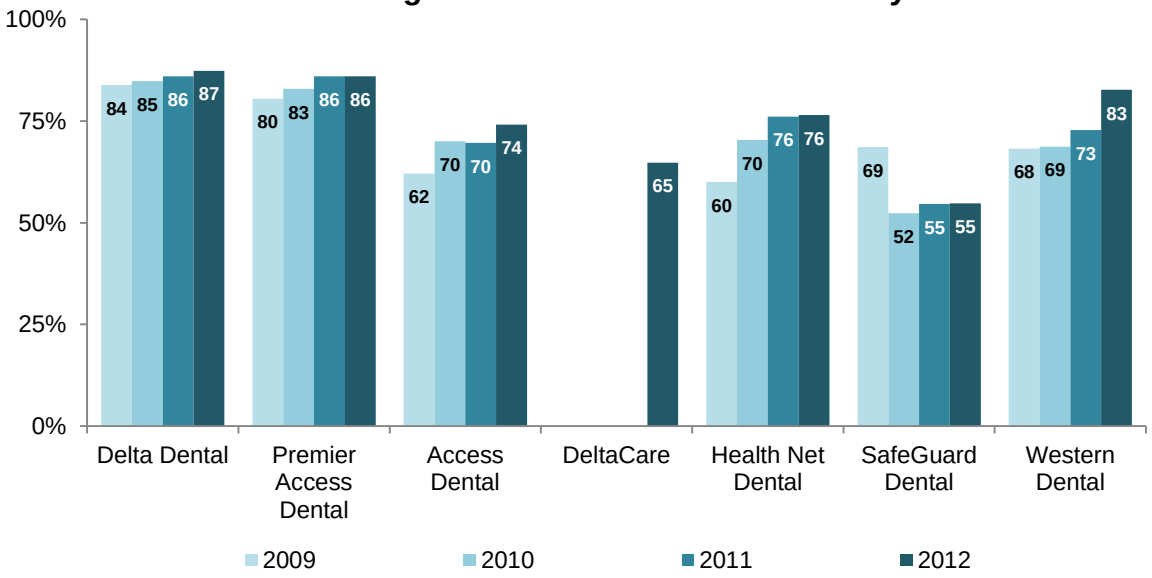


Chart 17. Filling to Preventive Services Ratio by Plan



* DeltaCare was an added plan in the 2011/12 benefit year.

Measure Definition

The *Filling to Preventive Services Ratio* measure estimates the percentage of children who had one or more fillings in the past year and who received a topical fluoride or sealant application in the measurement year, preventive services that are recommended for children at high risk of caries[3].

Why Is This Important?

Topical fluoride and dental sealants are safe and effective methods of reducing the risk of caries, particularly in those children at a high risk for caries. Yet, according to the CDC, "only about one-third of children aged 6-19 years have sealants. Although children from lower income families are almost twice as likely to have decay as those from higher income families, they are only half as likely to have sealants."[4]

Overall Results

- For Primary Care plans, 72 percent of children with fillings receive fluoride or sealants compared to 87 percent in Open Network plans.
- The Primary Care plans improved 4 percent in 2012 over 2011.

[3] Guidelines on Periodicity of Examination, Preventive Dental Services, Anticipatory Guidance/Counseling, and Oral Treatment for Infants, Children, and Adolescents, American Academy of Pediatric Dentistry, revised 2009.

[4] CDC. Oral Health: Preventing Cavities, Gum Disease, and Tooth Loss, March 2009, Available On-line at: http://www.cdc.gov/nccdphp/publications/aag/doh.htm

Chart 18. Utilization of Dental Treatment Services by Plan Type

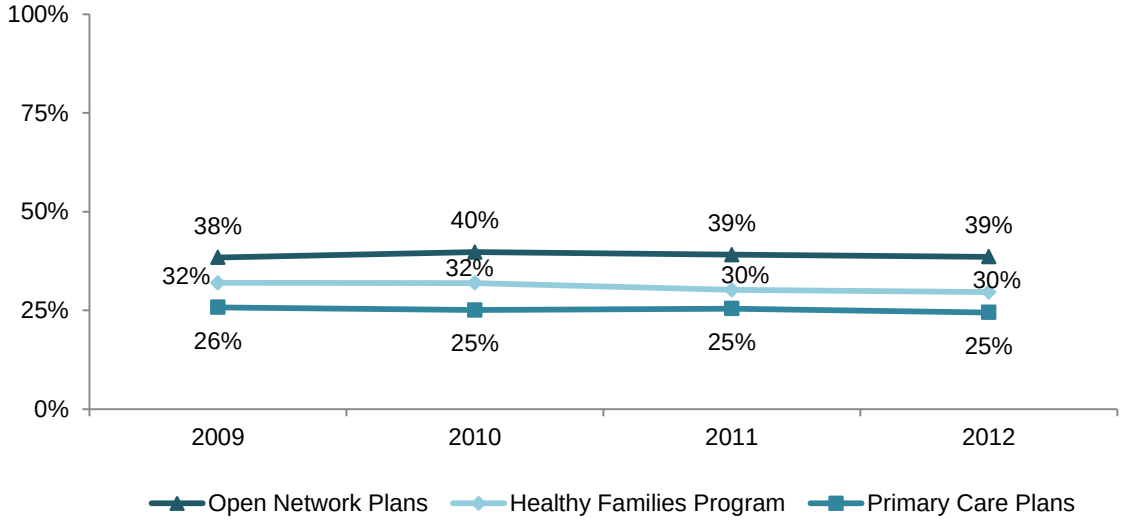
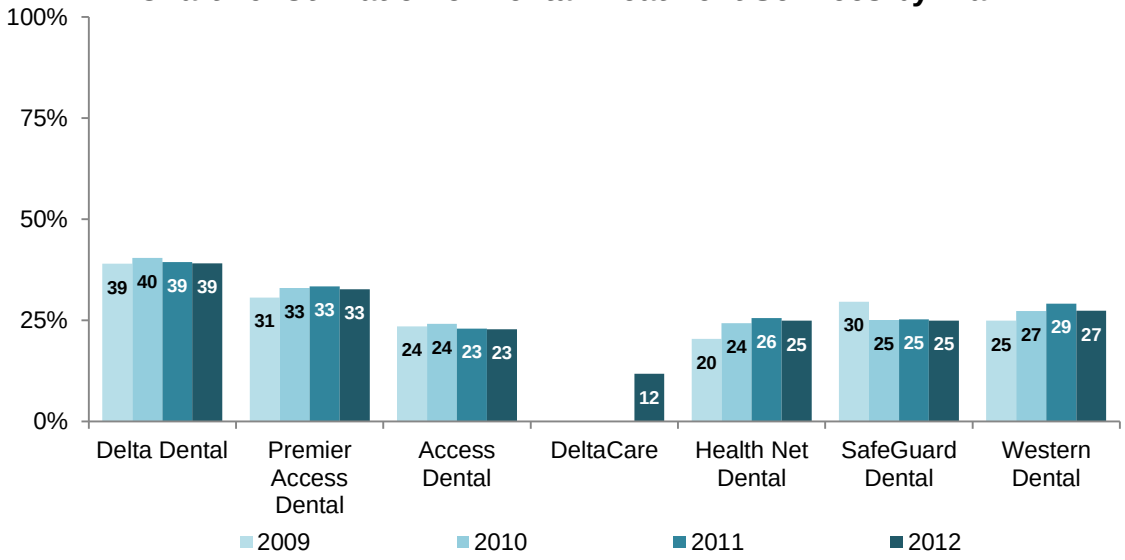


Chart 19. Utilization of Dental Treatment Services by Plan



* DeltaCare was an added plan in the 2011/12 benefit year.
** Note. The reported rate for Delta Dental has been revised from the 2011 Dental Quality Report.

Measure Definition

The *Utilization of Dental Treatment Services* measure estimates the percentage of children who received any dental treatment service, other than diagnostic or preventive services, in the measurement year.

Why Is This Important?

Dental treatment services include fillings, crowns, root canals, and oral surgery. The 2006 California Smile Survey found that more than half of kindergarteners and 70 percent of third graders had a history of tooth decay and 28 percent had untreated tooth decay. The problem was worse for low-income and minority children. Untreated tooth decay can lead to pain, infection, difficulty eating and sleeping, difficulties concentrating in school and serious health conditions. Early intervention and treatment is critical to preventing further tooth decay and more serious health problems.[5]

Overall Results

- The HFP average has remained relatively constant from 2009 to 2012. Note that this measure does not include annual checkups and other preventive services such as fluoride treatments.
- Health Net Dental showed greatest improvement over the last four years.

[5] "Mommy, It Hurts to Chew." The California Smile Survey: An Oral Health Assessment of California's Kindergarten and 3rd Grade Children, February 2006. Available On-line at: http://www.healthysmilesoc.org/Documents%20for%20Site/California%20Smile%20Survey.pdf

In addition to collecting data on services that each child receives, MRMIB surveys families for their opinions on their child's dental care. To our knowledge, the HFP is the only public program in the country using the D-CAHPS survey. This report includes the results of four different surveys, no surveys were conducted in 2008/09 and 2009/10 due to fiscal limitations, so this report includes results from the 2007/08 survey. HFP's 2012/13 survey consisted of approximately 30 questions that are used to monitor dental care provided to children. Select questions are added if MRMIB has specific concerns regarding dental services to children that only the family can answer.

For the 2012/13 D-CAHPS survey conducted from April through June 2013, the number of surveys was increased proportionately for the large plans in an attempt to obtain usable demographic information. In 2013, 2,840 families completed the survey compared to 3,278 families that completed their survey in 2012. The survey response rate for the Open Network was almost 34 percent compared to a 30 percent rate for Primary Care plans, as seen in Table 3.

Table 3. Response Rate by HFP Dental Plan

Dental Plans	Response Rate	Mailed Surveys	Usable Surveys
2013 HFP Overall	**31.1%**	**9,200**	**2,840**
Primary Care Plans	**29.9%**	**6,700**	**2,003**
Access Dental	30.6%	1,500	455
DeltaCare	26.0%	1,000	259
Health Net Dental	29.6%	1,400	412
SafeGuard Dental	31.1%	1,400	431
Western Dental	32.1%	1,400	446
Open Network Plans	**33.5%**	**2,500**	**837**
Delta Dental	36.3%	1,500	543
Premier Access	29.6%	1,000	294

As shown on the following pages, parents in the HFP were as satisfied with their child's personal dentist ***and*** with their child's dental plan in 2012/13 as in the previous survey in 2011/12. Reported overall health of teeth and gums was also unchanged.

Chart 20. Access to Regular Dentist by Plan Type

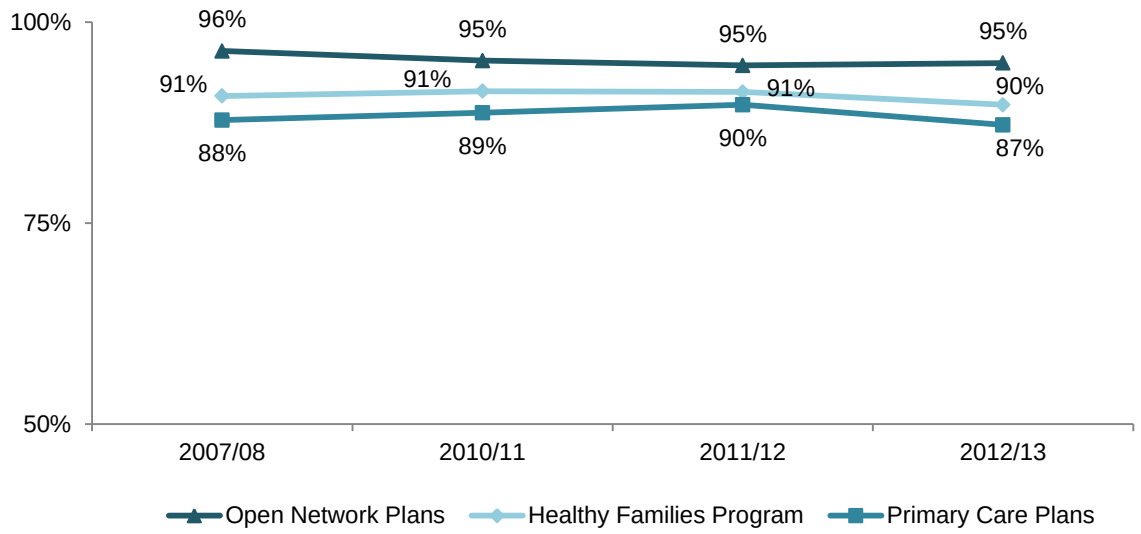
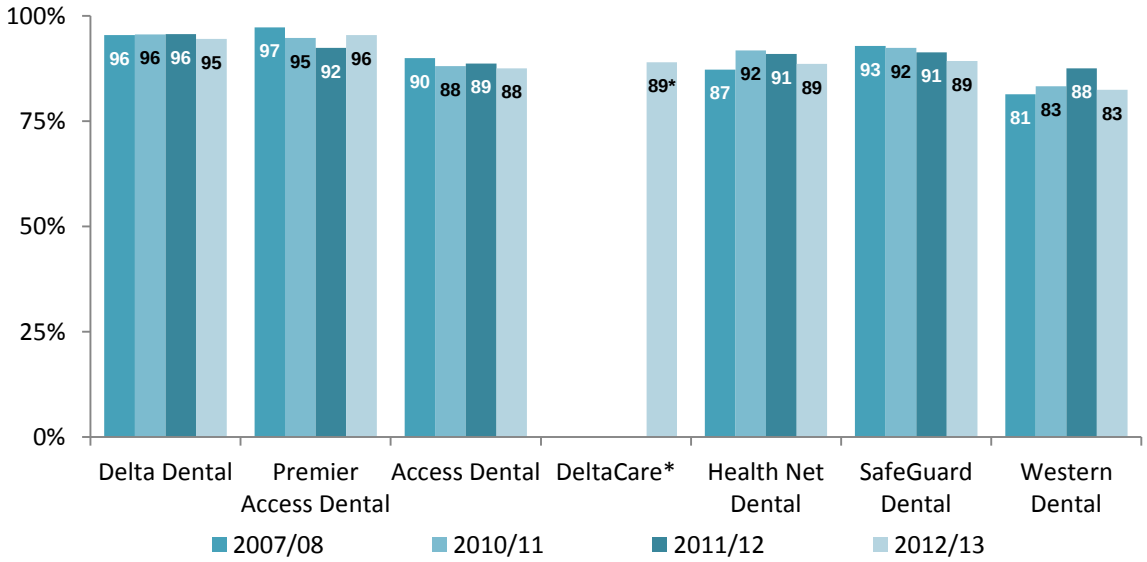


Chart 21. Access to Regular Dentist by Plan



* DeltaCare was an added plan in the 2011/12 benefit year.

Measure Definition

The survey section *Your Child's Regular Dentist* defines a regular dentist as one "your child would go to for check-ups and cleanings, or when your child has a cavity or tooth pain."

Survey Results

- Chart 20 shows that the rate at which HFP parents answered yes, their child does have a regular dentist, was 90 percent for the 2012/13 survey a slight decrease from the results of the previous year's survey in 2011/12.
- Access to a regular dentist decreased slightly for all plans except Premier Access Dental which increased from 92 percent to 96 percent in 2012/13.

Chart 22. Rating of Child's Regular Dentist by Plan Type

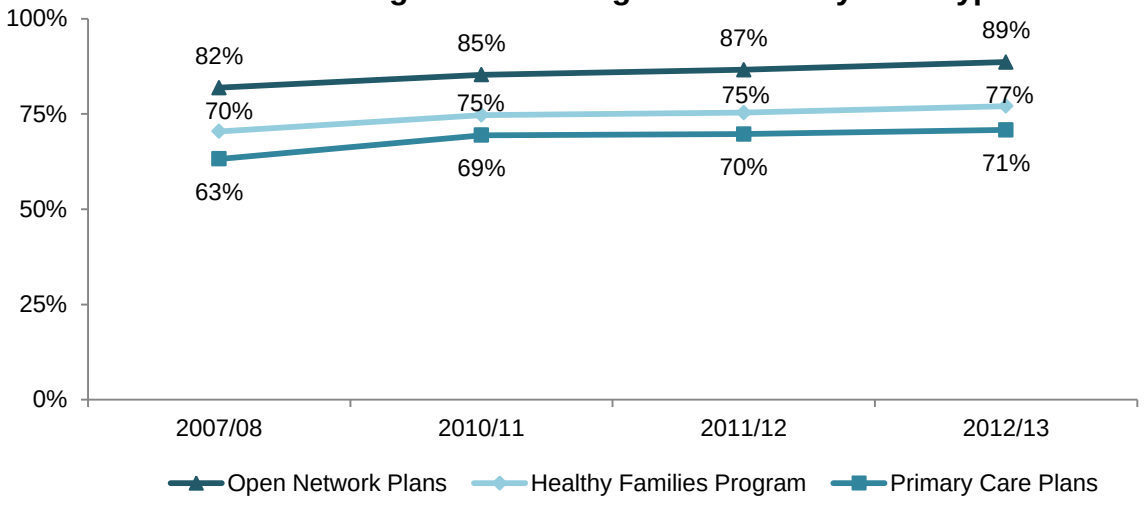
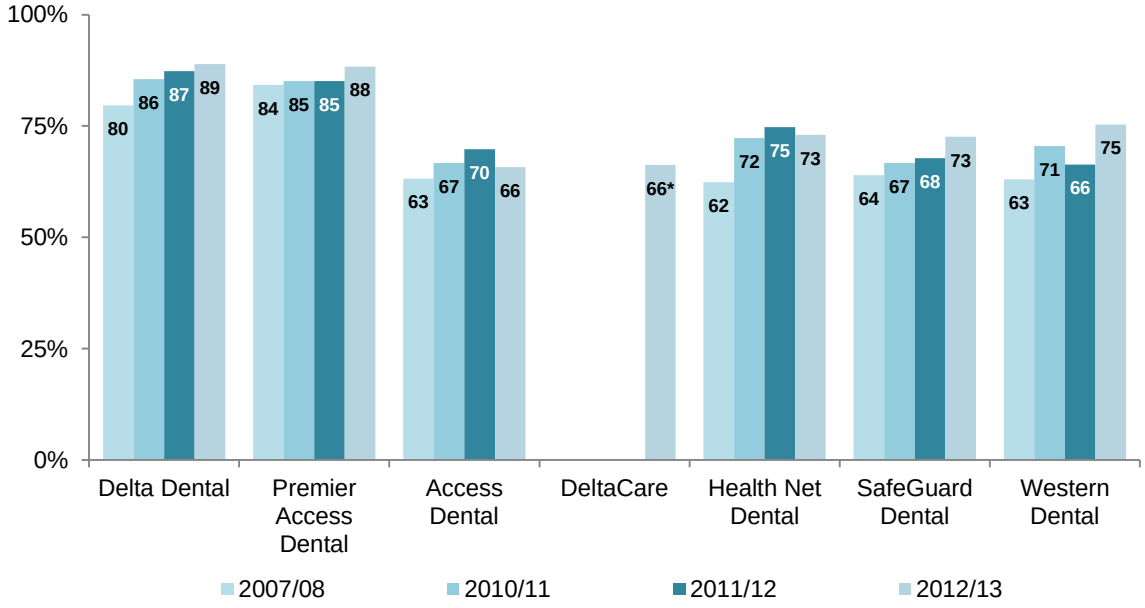


Chart 23. Rating of Child's Regular Dentist by Plan



* DeltaCare was an added plan in the 2011/12 benefit year.

Measure Definition

Families reporting that their child had a regular dentist were asked to rate their child's dentist on a scale of 0-10, "where 0 is the worst rating possible and 10 is the best rating possible."

Survey Results

- Overall ratings of dentists in the HFP slightly increased in 2012/2013 compared to 2011/2012.
- Ratings of dentists in Open Network plans were significantly higher than ratings of dentists in Primary Care plans.
- All dental plans except Access Dental and Health Net Dental showed improvement in dentist scores.

Note: Surveys were not conducted in the 2008/09 and 2009/10 benefit years.

Chart 24. Rating of Child's Dental Plan by Plan Type

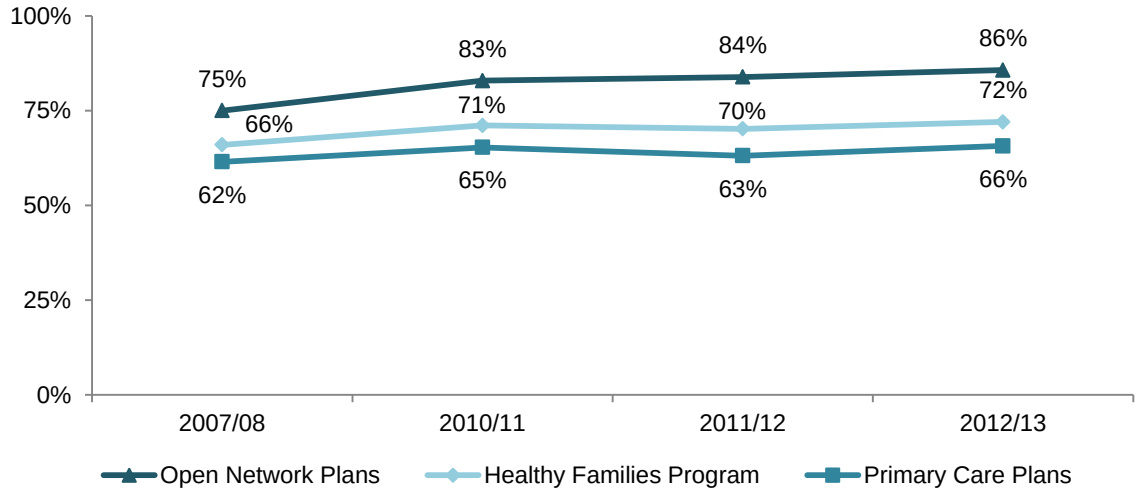
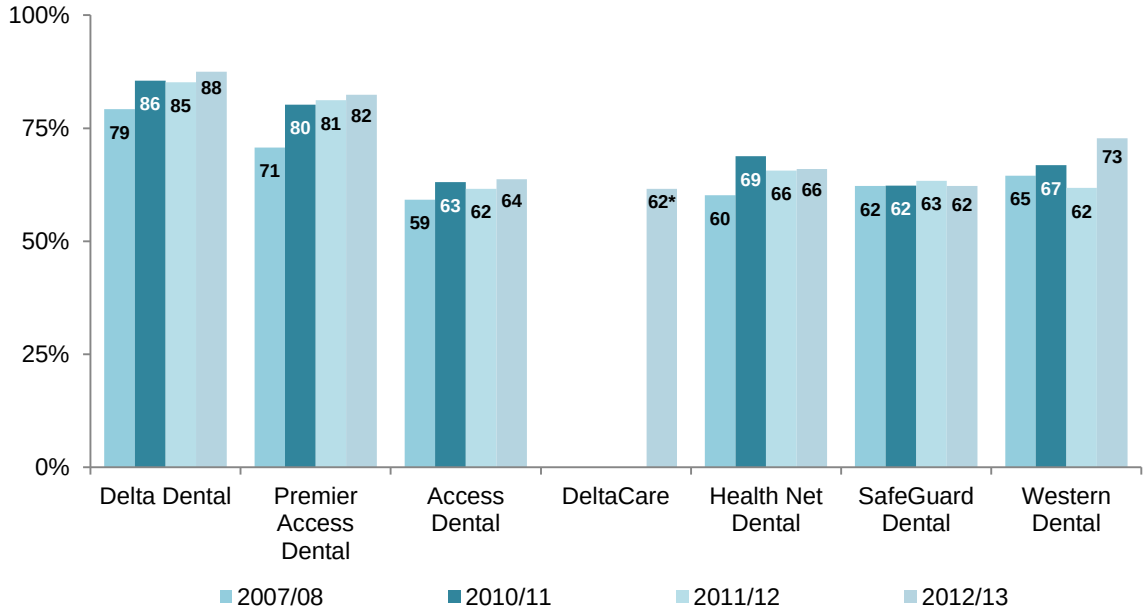


Chart 25. Rating of Child's Dental Plan by Plan



* DeltaCare was an added plan in the 2011/12 benefit year.

Measure Definition

The survey section *Your Child's Dental Plan* asks the parent to rate their child's dental plan on a scale of 0-10, "where 0 is the worst dental plan possible and 10 is the best dental plan possible."

Survey Results

- Chart 24 shows that the overall dental plan rating increased slightly in 2012/2013.
- With the exception of Safeguard Dental, the rating of all dental plans increased compared to 2011/12, with Western Dental showing significant improvement.
- Ratings for the Open Network plans were significantly higher than ratings for Primary Care plans.
- The dental plan rating appears to be closely tied to the family's satisfaction with their child's dentist.

Note: Surveys were not conducted in the 2008/09 and 2009/10 benefit years.

Overall Condition of Child's Teeth and Gums

Chart 26. Overall Condition of Child's Teeth and Gums by Plan Type

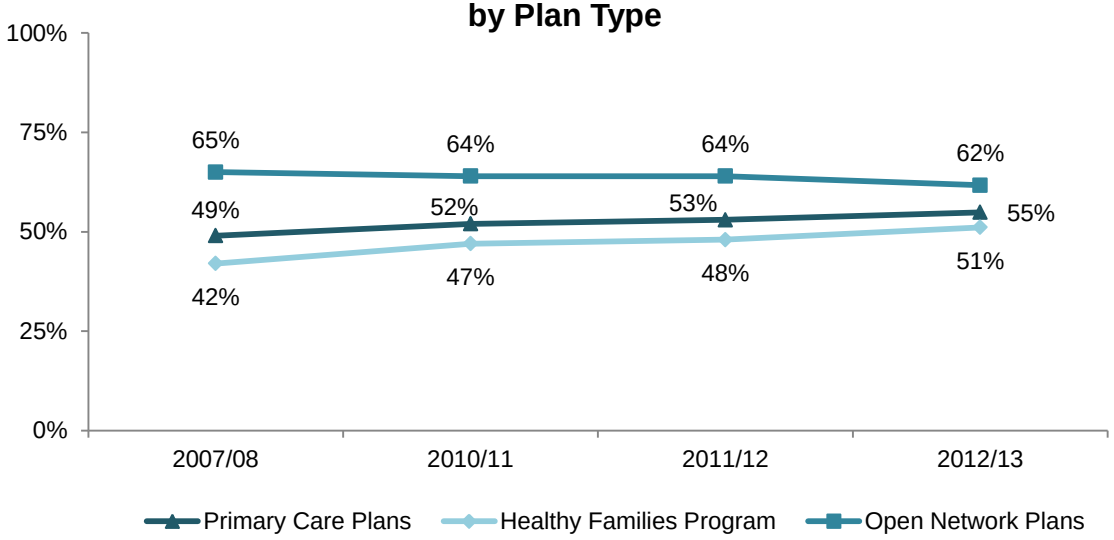
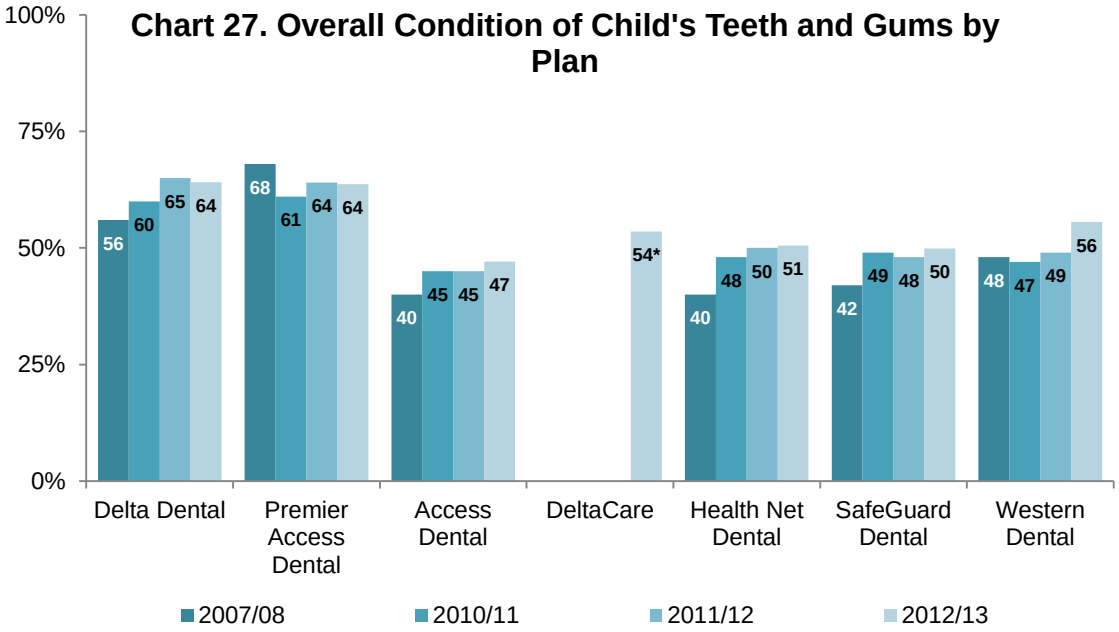


Chart 27. Overall Condition of Child's Teeth and Gums by Plan



*

*DeltaCare was an added plan in the 2011/12 benefit year.

Measure Definition

The survey section *About Your Child* begins by asking parents, "In general, how would you rate the overall condition of your child's teeth and gums?"

Charts 26 and 27 show the percentage of parents who gave a response of "Excellent" or "Very Good" when asked about the condition of their child's teeth.

Survey Results

- The HFP scores for overall condition of child's teeth and gums in 2012/13 were slightly better than 2011/12, as shown in Chart 26.
- Slightly more than half of HFP parents at 55 percent, rate the overall condition of their child's teeth and gums as excellent or very good.
- The rating for Open Network plans dropped by 2 percent in the 2012/13 survey compared to the previous year's survey. However, families in the Open Network plans rated the condition of their children teeth and gums significantly higher than families from the Primary Care plans at 62 to 51 percent, respectively.
- Access Dental and Health Net Dental show consistent improvement in this measure over the last four years.

Chart 28. Reason For Not Visiting the Dentist, Primary Care Plans

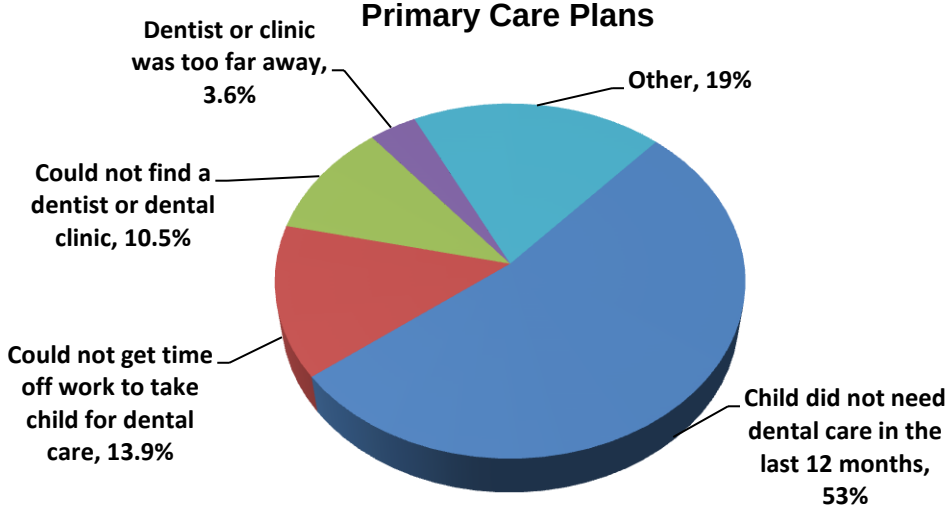
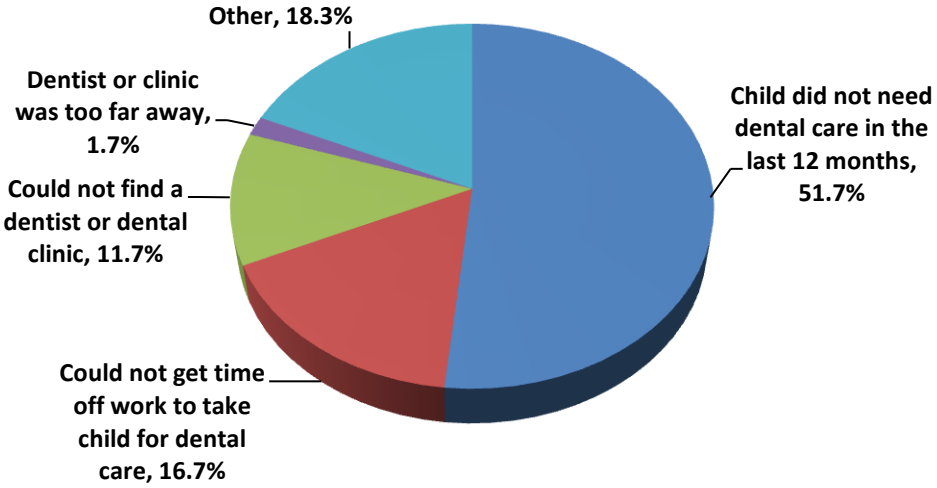


Chart 29. Reason For Not Visiting the Dentist, Open Network Plans



Survey Question

Of the 2,840 families that completed the survey, 392 parents, or 14 percent, indicated that their children did not go the dentist's office or clinic for care in the last 12 months.

In order to understand why families did not visit the dentist and to understand where barriers may exist, a new question was added to the survey in 2011/12 that asked why parents did not take their child to the dentist if they responded that they had not visited a dentist in the past year.

Response options included perception of necessity, time off work, difficulty in locating a dentist, dentist too far away, or other. Responses from the 14 percent of families that did not visit a dentist are shown in Charts 28 and Chart 29.

Survey Results

- Of those parents that did not take their child to the dentist, the most common reason cited for both Primary and Open Network plans was that their child didn't need dental care at 51.7 and 53 percent respectively.
- The second most common reason cited for not receiving services was an inability of the parent to get time off from work to take the child to the dentist.
- This information highlights the need for continued education and outreach about the importance of annual preventive services as well as the need for services to be available on evenings and weekends.

Comparison between Measurement and D-CAHPS Survey

In the D-CAHPS survey, parent's evaluation of their children's dentists and dental plans reflect the dental services their children received. Table 4 compares the parent's rating of their children's dentists and plans against the *Annual Dental Visit* data reported by dental plans. This demonstrates that parents who take their child to the dentist also give higher ratings to both the child's dentist and dental plan.

Table 4. Comparison between Annual Dental Visit and D-CAHPS Ratings

	Annual Dental Visit	Rate Your Child's Dentist	Rate Your Child's Dental Plan
Open Network Plans	**77.0%**	**88.6%**	**85.7%**
Delta Dental	77.6%	88.9%	87.5%
Premier Access Dental	72.8%	88.3%	82.4%
Primary Care Plans	**50.5%**	**70.8%**	**65.7%**
Access Dental	48.1%	65.8%	63.7%
DeltaCare	38.1%	66.2%	61.6%
Health Net Dental	52.9%	73.0%	66.0%
SafeGuard Dental	50.4%	72.6%	62.2%
Western Dental	52.6%	75.3%	72.8%
Healthy Families Program	**60.3%**	**77.0%**	**72.0%**

Dental Group Needs Assessment

HFP dental plans are required to submit a comprehensive assessment of subscribers every five years, called the Group Needs Assessment (GNA). HFP dental plans are required to conduct a GNA to identify the needs of subscribers as it relates to the availability of dental education and cultural and linguistic programs and resources and to identify gaps in these services.

The goal of the GNA was to improve the dental outcomes of HFP subscribers by evaluating subscriber dental risks; identifying their dental care needs and prioritizing dental education; cultural/linguistic services; and quality improvement programs and resources.

All plans reported dental caries as the most prevalent condition in HFP children. Each plan identified several activities it would implement to address the information identified in the GNA. Those activities are summarized here.

Access Dental/Premier Access

1. Utilize call campaigns to outreach to subscribers who have not had a dental visit. Utilization is reviewed on a continuous basis to identify providers who do not meet established utilization thresholds. Providers are counseled accordingly and corrective actions are implemented if utilization does not improve.
2. Conduct quarterly subscriber satisfaction surveys to assess the effectiveness of the plan's language services program. Monitor subscriber grievances to identify issues related to language services with follow up by the plan's provider relations team.

Delta Dental

1. Conduct annual internal cultural competency training.
2. Review grievances on cultural and linguistic services for the quarterly provider bulletin.

HealthNet Dental

1. Increase medical/dental integration between Health Net medical and dental providers via in-services communication and member educational resources to ensure provision of comprehensive preventive oral health services.
2. Strengthen collaboration with community partners to promote preventive oral health care services, health education, and cultural and linguistic programs and services.
3. Implement activities to promote a dental home for subscribers so they may have a better understanding of the availability of dental services and how to access them.

SafeGuard Dental

1. Provide providers information about and encourage increased usage of the SafeGuard language line.
2. Review and analyze MRMIB Minimum Performance Levels and assess SafeGuard's performance levels to design improvement initiatives in provider utilization performance and reporting.
3. Develop a new strategy with the MetLife marketing team on creating easier to read and condensed oral health flyers.
4. Determine if the current member documents can be revised to include information encouraging utilization of services.

Western Dental

1. Improve the 45 percent utilization rate by focusing on non-utilizers and emphasize the need for them to establish dental homes.
2. Launch a campaign to heighten awareness of the availability of no-cost interpreters.

Appendix A. Data Analysis for Dental Measures

MRMIB HFP Dental Measures with Relevant Current Dental Terminology (CDT) Codes

Annual Dental Visit (ADV). Measure includes all subscribers ages 2 through 18 years as of December 31, 2012 (denominator) who had at least one dental visit in 2011 (Numerator) with no more than one gap in enrollment of up to 45 days during 2012.

Examinations/Oral Health Evaluations (OHE). Measure includes subscribers enrolled for at least 11 of the 12 months of 2012 (denominator) who received comprehensive or periodic oral health evaluation (D0120 or D0150) in 2012 (numerator); subscribers under the age of three not receiving service D0120 or D0150 are also included if they received an oral health evaluation and counseling with the parent (D0145) in 2012.

Preventive Dental Services (PDS). Measure includes subscribers enrolled for at least 11 of the 12 months in 2012 (denominator) who received any preventive dental service (D1000-D1999) in 2012 (numerator).

Continuity of Care (COC). Measure includes subscribers continuously enrolled in the same plan for 2 years with no gap in coverage who received a comprehensive or periodic oral health evaluation (D0120, D0150) or a prophylaxis (D1110, D1120) in 2011 (denominator) and who received a comprehensive or periodic oral health evaluation (D0120, D0150) or a prophylaxis (D1110, D1120) in 2012 (numerator).

Filling to Preventive Services Ratio (FPSR). Measure includes subscribers enrolled for at least 11 of the 12 months of 2012 who received one or more fillings (D2000-D2999) in 2011 (denominator) and who also received a topical fluoride (D1203, D1204 or D1206), a sealant application (D1351, D1352) or education to prevent caries (D1310 and D1330) in 2012 (numerator).

Use of Dental Treatment Services (UDTS). Measure includes subscribers enrolled for at least 11 of the 12 months of 2012 (denominator) who received any dental treatment other than diagnostic or preventive services (D2000-D9999) in 2012 (numerator).

Treatment/Prevention of Caries (TPC). Measure includes subscribers enrolled for at least 11 of the past 12 months of 2012 (denominator) who received a treatment for caries (D2000-D2999) or a caries preventive procedure (D1203, D1204, D1206, D1310, D1330, or D1351) in 2012 (numerator).

Overall Utilization of Dental Services (OUDS). Measure includes subscribers continuously enrolled in the same plan in 2009, 2010, 2011 and 2012 (denominator) who received any dental service (D0100-D999), including preventive services, during 2009, 2010, 2011 and 2012 (numerator).

Data Collection

The information for dental measures in this report is based on administrative data that HFP received from its seven dental plans for children continuously enrolled from January 1, 2012 through December 31, 2012. Plans query their administrative databases for eligible subscribers and submit data indicating children who received or did not receive the services.

Data Processing and Quality Review

MRMIB uses SAS to perform data quality checks, standardize data for reporting, produce frequencies and rates, and perform statistical analyses. Data from the plans is first checked to ensure that children have been enrolled in HFP for 11 of 12 months in 2012.

Trends and Data Comparisons

HFP's dental measures were revised in 2007, and this report includes data for the past four years so that improvement over time can be evaluated.

Appendix B. Data Analysis for D-CAHPS

Data Collection

The D-CAHPS consumer survey highlights presented in the second half of this report are based on data collected by DataStat, Inc., HFP's survey vendor. A random sample of proportional children for each dental plan was drawn for children that were ages 4-18 as of December 31, 2012, and enrolled continuously during 2012. Parents were surveyed according to their preferred language in Chinese, English, Korean, Spanish or Vietnamese.

Attempts were made to survey 9,200 parent households during the period of April 2013 through June 2013 using a mail survey procedure and questionnaire. The D-CAHPS used for 2012/13 is a child adaptation of the 2009 D-CAHPS adult instrument, and is different from the survey fielded for the 2007/08 dental report. Several key items from the previous survey that were the same in the new survey are presented in this report, so that improvements could be evaluated.

Trends and Data Comparisons

For the ratings in Charts 22 through 25, the results include the percentage of respondents that gave their child's dentist or dental plan a score of 8, 9 or 10. Scores are presented for 2007/08, 2010/11, 2011/12 and 2012/13, the last four times that the dental survey was conducted by HFP.

Appendix C. HFP Dental Measures: Dental Plan Trends

MRMIB Healthy Families Program Dental Measures by Plan and by Year

	HFP ALL			
	2009	2010	2011	**2012**
OHE	54.19	55.35	56.53	**55.97**
PDS	53.36	55.60	55.96	**55.32**
OHEPDS	56.37	58.42	58.86	**57.99**
COC	77.21	80.57	78.80	**78.77**
FPSR	76.90	76.74	77.40	**78.90**
ADV	59.27	60.07	61.35	**60.29**
UDTS	31.97	31.93	31.17	**29.64**
OUDS_1	48.05	52.52	52.13	**50.02**
OUDS_2	56.77	69.09	64.72	**64.48**
OUDS_3	68.34	81.00	73.43	**73.80**
TPC	50.04	52.21	52.59	**51.84**

	Delta			
	2009	2010	2011	**2012**
OHE	68.81	70.15	73.57	**75.10**
PDS	68.74	72.31	73.78	**75.36**
OHEPDS	70.36	73.64	75.05	**76.47**
COC	84.79	86.76	86.85	**87.48**
FPSR	83.82	84.76	85.85	**87.35**
ADV	72.62	73.68	76.04	**77.56**
UDTS	38.99	40.41	39.42	**39.06**
OUDS_1	63.39	70.41	69.01	**69.99**
OUDS_2	68.75	79.27	73.73	**73.41**
OUDS_3	74.48	91.62	78.27	**79.61**
TPC	65.84	69.46	71.10	**72.57**

	Premier			
	2009	2010	2011	**2012**
OHE	61.61	64.80	68.10	**68.31**
PDS	63.50	66.70	69.67	**69.52**
OHEPDS	66.04	68.95	71.73	**71.19**
COC	83.45	85.44	85.15	**84.27**
FPSR	80.46	82.91	85.94	**85.99**
ADV	67.55	70.82	73.45	**72.82**
UDTS	30.62	33.04	33.42	**32.71**
OUDS_1	57.73	64.53	56.18	**51.23**
OUDS_2	68.38	68.78	71.66	**68.32**
OUDS_3	73.55	76.53	77.40	**75.67**
TPC	59.16	63.10	66.82	**66.46**

	Open Network			
	2009	2010	2011	**2012**
OHE	68.32	69.69	73.17	**74.60**
PDS	68.38	71.82	73.47	**74.93**
OHEPDS	70.07	73.24	74.80	**76.08**
COC	84.72	86.68	86.73	**87.26**
FPSR	83.63	84.62	85.86	**87.26**
ADV	72.26	73.43	75.85	**77.20**
UDTS	38.42	39.78	38.98	**38.59**
OUDS_1	62.96	69.34	67.62	**67.50**
OUDS_2	68.73	78.53	73.41	**73.06**
OUDS_3	74.43	90.77	78.22	**79.33**
TPC	65.38	68.91	70.78	**72.12**

	Access			
	2009	2010	2011	**2012**
OHE	42.54	43.97	43.40	**43.82**
PDS	39.69	41.53	40.50	**41.84**
OHEPDS	45.03	46.10	45.54	**45.86**
COC	64.59	65.83	62.95	**64.75**
FPSR	62.09	70.04	69.61	**74.13**
ADV	47.96	48.53	47.74	**48.12**
UDTS	23.50	24.13	22.96	**22.81**
OUDS_1	40.14	43.14	42.78	**43.32**
OUDS_2	45.88	47.45	46.90	**47.30**
OUDS_3	51.56	52.55	51.22	**50.83**
TPC	35.98	37.92	36.84	**38.14**

DeltaCare
2012
34.70
32.17
36.34
N/A
64.76
38.11
11.83
39.13
N/A
N/A
27.75

	Health Net			
	2009	2010	2011	**2012**
OHE	32.92	40.84	45.52	**46.47**
PDS	31.23	40.30	44.82	**45.61**
OHEPDS	36.15	44.19	48.48	**49.12**
COC	53.35	61.28	64.89	**67.54**
FPSR	60.03	70.32	76.08	**76.48**
ADV	40.35	47.59	51.20	**52.86**
UDTS	20.40	24.32	25.57	**24.92**
OUDS_1	36.57	48.00	53.75	**51.33**
OUDS_2	47.14	58.69	64.59	**68.00**
OUDS_3	54.89	67.67	72.91	**74.73**
TPC	28.04	36.97	41.35	**41.77**

	Safeguard			
	2009	2010	2011	**2012**
OHE	40.96	40.82	41.92	**42.05**
PDS	39.89	39.51	40.97	**41.38**
OHEPDS	43.60	43.86	45.36	**45.45**
COC	60.53	63.70	66.35	**66.58**
FPSR	68.56	52.29	54.61	**54.79**
ADV	47.41	47.23	48.26	**50.36**
UDTS	29.63	25.07	25.26	**24.93**
OUDS_1	28.04	46.46	47.84	**47.32**
OUDS_2	38.43	63.93	63.18	**63.34**
OUDS_3	65.41	75.76	75.29	**72.63**
TPC	35.90	34.32	35.44	**36.17**

	Western			
	2009	2010	2011	**2012**
OHE	42.65	45.83	47.24	**50.33**
PDS	41.41	44.86	47.29	**49.20**
OHEPDS	44.82	48.05	50.13	**51.51**
COC	60.73	63.44	64.89	**68.81**
FPSR	68.20	68.71	72.78	**82.65**
ADV	46.70	49.58	57.67	**52.64**
UDTS	24.91	27.32	29.12	**27.35**
OUDS_1	44.92	49.69	57.23	**51.04**
OUDS_2	61.44	64.44	68.41	**66.85**
OUDS_3	73.81	77.42	78.56	**78.98**
TPC	38.35	42.11	44.70	**46.56**

	Primary Care			
	2009	2010	2011	**2012**
OHE	40.60	42.86	44.38	**45.28**
PDS	38.91	41.46	43.16	**44.06**
OHEPDS	43.19	45.51	47.22	**47.60**
COC	61.52	64.10	64.56	**66.75**
FPSR	65.89	65.08	67.83	**71.50**
ADV	46.44	48.25	50.48	**50.49**
UDTS	25.77	25.10	25.47	**24.50**
OUDS_1	35.75	46.59	49.03	**47.80**
OUDS_2	46.55	57.14	60.92	**61.43**
OUDS_3	60.49	63.79	64.63	**66.94**
TPC	35.28	37.67	39.30	**40.20**

OHE = Oral Health Evaluations/Examinations
PDS = Preventive Dental Services
OHEPDS = Oral Health Evaluations/Examinations & Preventive Dental Services
COC = Continuity of Care
FPSR = Filling to Preventive Services Ratio
ADV = Annual Dental Visit
UDTS = Use of Dental Treatment Services
OUDS = Overall Utilization of Dental Services – 1, 2, 3 years
TPC = Treatment/Prevention of Caries